

Proposed 2005-07 Policy Initiative

Name of Initiative	Dental Access
Sponsor	Dr. Charles Chu, Children's Health and Well-Being
Lead Staff	Tara Wolff
Summary	Oral disease is the single most common chronic childhood disease. Oral health is about more than just cosmetic concerns. Children from low and moderate income families miss a disproportionate amount of school each year due to dental problems. Children's poor oral health has also been associated with low school performance, poor social relationships, and diminished success in later life.
SHR Strategic Direction	<input type="checkbox"/> Maintain and improve the public health system <input checked="" type="checkbox"/> Ensure fair access to critical health services <input type="checkbox"/> Improve health outcomes and increase value <input checked="" type="checkbox"/> Explore ways to reduce health disparities <input type="checkbox"/> Improve nutrition and increase physical activity <input type="checkbox"/> Reduce tobacco use <input type="checkbox"/> Safeguard environments that sustain human health
Governor's Initiatives	<input type="checkbox"/> Cost Containment <input type="checkbox"/> Cover all kids (2010) <input checked="" type="checkbox"/> Healthiest State in the Nation
Possible Partners	DOH LHJs Washington Dental Service Foundation DSHS -MAA Business Leaders Associations of City and County Officials WHF UW School of Pediatric Dentistry Indian Health Services Managed care plans and insurance companies representatives Association of Washington Healthcare Plans Office of the Insurance Commissioner Washington Chapters of American Academy of Pediatrics and the American Academy of Family Medicine
Criteria	<input checked="" type="checkbox"/> Does the issue involve multiple agencies? <input checked="" type="checkbox"/> Can a measurable difference be made? <input checked="" type="checkbox"/> Prevalence, Severity and availability of interventions <input checked="" type="checkbox"/> Level of public input/demand <input checked="" type="checkbox"/> Does it involve the entire state? <input type="checkbox"/> Does the Board have statutory authority? <input checked="" type="checkbox"/> Do the resources exist to deal with the issue? <input checked="" type="checkbox"/> Does the Board have a potentially unique role?

Problem Statement

Oral disease is the single most common chronic childhood disease – five times more common than asthma and seven times more common than hay fever. Oral health is about more than just cosmetic concerns. Children from low and moderate income families miss a disproportionate amount of school each year due to dental problems. Children's poor oral health has also been associated with low school performance, poor social relationships, and diminished success in later life.

Almost half of all workers in Washington State have no dental coverage, and over 40 percent of Washington State residents live in communities without fluoridated water. Over half of Washington's third graders (57.5 percent) have had dental decay and just over 20 percent had untreated tooth decay. The same survey found that only 55.5 percent of third graders have one or more sealants on their permanent first molar teeth.

Potential Strategies

Strategy 1: Poor oral health is largely preventable and there are a number of actions communities can take to help prevent poor oral health for children. The State Board of Health is uniquely positioned to highlight a variety of effective community approaches for local consideration. Showcasing good practice could be accomplished in a number of ways, such as by using Board meetings, by developing a paper and/or seminar, etc.

Strategy 2: The Board could convene a summit of managed care plans and insurance companies to discuss strategies for increasing coverage and services to prevent poor oral health for children.

Strategy 3: The Board could convene a forum of administrators from the Medicaid program and Indian Health Services and others to discuss (1) issues around providers accepting patients with Medicaid and Indian health service coverage and (2) solutions and strategies to improve oral health service access for children and their families.

Criteria

Does the issue involve multiple agencies?

Yes, see multiple partners list (above).

Will there be measurable outcomes as a result of the work?

We could measure how many communities adopted new oral health approaches due to our work and the range of preventive services offered by insurance companies. We could also look at other indirect data sources like BRFSS, the state oral health survey data, and the CDC Water fluoridation reporting system.

What is the prevalence and severity of the health threat and are interventions available?

Almost half of Washington State workers have no dental coverage, and over 40 percent of Washington State residents live in communities without fluoridated water. Over half of Washington's third graders (57.5 percent) have had dental decay and just over 20 percent had untreated tooth decay. The same survey found that only 55.5 percent of third graders have one or more sealants on their permanent first molar teeth. Interventions are available that are effective.

What is the level of awareness and readiness on the part of the public, politicians, and professionals to deal with the issue?

There is some public unease about certain types of solutions (such as fluoridation) and there is not good public awareness of the impact of poor oral health. Some politicians and professionals have addressed this issue.

Is the work statewide in scope?

Yes.

Does the board have statutory authority to deal with this issue?

General authority.

Are there sufficient resources to tackle the issue?

Potentially yes.

Does the board have a potentially unique role in dealing with this issue or would it be more appropriate for another agency to take the lead?

The Board can do this in partnership with others and use its convening role.